PERMIT #_	

## **Sign Permit Application**

Permit Name:	Parcel No.	
Permit Address: Contact phone #		
Describe the scope of work in detail:		
Building Owner/Developer	Contractor	
Name:	Company Name:	
Manager/Contact Person:	ID#:	
Address:	Address:	
City: ST/Zip:	City: ST/Zip:	
Phone(s): Fax:	Phone(s): Fax:	
<ul> <li>Provide cross section showing foundation, structural members (studs, beam, post, wall) and how attached (bolts, screws, lags nails, welds) to building and into what framing member.</li> <li>Show what kind of material sign is made of, include color, whether lighted or not and all structural components. (size included)</li> </ul> TOTAL CONSTRUCTION COST ESTIMATE: \$		
<b>Applicant</b> : ☐ OWNER ☐ OWNER'S AGENT ☐	CONTRACTOR CONTRACTOR'S AGENT	
I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City Ordinances and State Building Codes. I, hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am owner of said property, the Washington State registered contractor responsible for the work, or I represent the owner or contractor as signified above and I am acting with the owner's/contractor's consent.		
Print name Date	Signature Date	
Application expires 180 days after submittal date.		
OFFICE USE ONLY (Please do not write below this line)		
PLANNING: Planning Approval	Date	
Conditions:		
BUILDING: Permit feePlan check fee	Total fees \$	
Building Department Approval	Date	
Conditions:		